

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



July 31, 1995

ALL-COUNTY LETTER NO. 95-39

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☒ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: SOCIAL SECURITY NUMBER ENUMERATION REQUIREMENTS IN THE AFDC PROGRAM

REFERENCES: MPP-40-105; 40-107; AND 82-832.24

The purpose of this letter is to provide you with copies of regulations and Notice of Action (NOA) messages you will need to implement new changes in the Social Security Number (SSN) enumeration process in order to comply with federal law and regulations. These changes will be effective October 1, 1995. We are providing the enclosed materials in advance to allow counties sufficient lead time to train appropriate staff prior to implementation of these regulations.

REGULATIONS (ATTACHMENT 1)

The attached revised regulations implement two specific changes to the SSN enumeration process. They are:

30-Day Period

Current regulations require applicants and recipients to furnish his/her SSN as a condition of eligibility for assistance; however, they also provide for continuing eligibility if the applicant/recipient is cooperating in obtaining an SSN. Essentially, current regulations allow applicants/recipients to cooperate indefinitely and still not have to furnish an SSN.

The new regulations will require that as a condition of eligibility for assistance each member of the assistance unit (AU) must: 1) furnish his/her SSN within 30 days following the date of application for assistance; or 2) provide proof of a completed application (e.g. SSA Referral Notice, form MC 194) to the county within 30 days following the date of application for assistance; and furnish the SSN to the county when received.

As defined by regulations a completed application means an application that has been accepted by the Social Security Administration (SSA) for processing. Also, the requirement that recipients furnish the SSN when received, must be strictly adhered to. We have been informed by SSA that the typical turn-around time for receiving an SSN is between four to six weeks. We suggest that counties contact the local SSA office to determine the average time it takes for them to process an application and set a tickler file to closely monitor the SSN process. Once the turn-around time has been determined, counties should contact the recipient and inform him/her that they must provide the SSN for verification purposes. If they do not provide a verifiable SSN, aid must be terminated for that person.

We would like to remind counties that in instances where the applicant was referred to the SSA via an SSA Referral Notice, MC 194, discontinuance would not be appropriate since SSA provides the SSNs directly to the State. When the counties receive the Medi-Cal Eligibility Data System (MEDS) Alert report, the enumeration requirement is met if there is proof of the MC 194 application in the case file. If the MEDS Alert report indicates a discrepancy, the county needs to resolve the inconsistency and update the MEDS.

After the SSN is received by the county the MEDS and/or Central Data Base must be updated. This will ensure that all active recipients are included in the Income and Eligibility Verification System (IEVS) process.

SSNS FOR NEWBORNS

Enumeration At Birth (EAB)

This regulation is adopted to specify that newborns may be enumerated at birth under the recently implemented EAB

project. In these situations, acceptable proof of application for an SSN is any document that contains the name of the newborn, as well as the date and signature of authorized hospital staff (e.g., Form SSA 2853). When a newborn is enumerated in this manner, the SSN must be provided to the county within six months after receipt of the number or at redetermination time, whichever occurs first.

Enumeration Other Than EAB

For those newborns who do not fall under the EAB process, verification of a completed SSN application on behalf of the newborn child to be added to the AU shall be submitted to the county no later than the last day of the month following the month in which the mother is released from the hospital. The SSN must be provided upon receipt.

AFDC CONTINUING CASES

Currently there are counties who have continuing cases where some AU members do not have SSNs but, are receiving cash aid based strictly on cooperation, i.e., attempting to get an SSN from SSA. There will be no automatic phasing in of these recipients. They must meet the same requirements as new applicants. Counties will need to identify these recipients as quickly as possible. Those AFDC recipients who are identified as currently "cooperating" in attempting to get an SSN must be informed that they have until October 31, 1995, to either provide an SSN or proof of a completed application from SSA. Those individuals who do not provide an SSN or proof of a completed application must be sent an adequate and timely notice of action informing them that they will be discontinued October 31, 1995.

AFDC NOTICE OF ACTION MESSAGES (ATTACHMENT II)

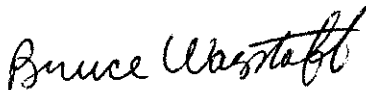
Attached are two new NOA messages that have been developed to help you with implementation of the SSN changes. Instructions for use are found at the end of each message document. English and Spanish versions are attached. Copies of the Asian language versions (Chinese, Cambodian, and Vietnamese) will be forwarded to the County Coordinator by the Language Services Bureau when these translations are available.

CONTACTS

If you have any questions or need further information regarding these changes, please contact the following staff regarding the specific areas:

Revised SSN Regulations:	Maxine Quitiquit (916) 654-1048, CALNET 464-1048
SSN Policy Interpretation:	Henry Puga (916) 654-1068, CALNET 464-1068
AFDC NOAs:	Lloyd Shaw (916) 654-1059, CALNET 464-1059
Asian and Spanish Translations:	Shirley Lu King (916) 654-1277, CALNET 464-1277

Sincerely,



BRUCE WAGSTAFF
Acting Deputy Director
Welfare Programs Division

Attachment

Amend Section 40-105.2 to read:

40-105 APPLICANT AND RECIPIENT RESPONSIBILITY (Continued)

40-105

.2 Social Security Number (SSN)

.21 ~~XXXXX XXX MAY BE XXXXXXXXX~~ As a condition of eligibility, each AFDC-FG and U applicant or recipient member of the FBO AU and all AFDC-FG children/ shall ~~be a condition of eligibility~~:

.211 Furnish his/her Social Security Account Number (SSN) or numbers, if more than one, within 30 days following the date of the application for assistance; or

.212 If he/she cannot furnish an SSN/ ~~cooperate in securing such number by~~:

(1/a) ~~applying~~ directly to a local office of the Social Security Administration (SSA); and ~~submitting~~ verification of such completed application to the county ~~before aid can be authorized/ or~~ within 30 days following the date of application for assistance before aid may be authorized. A completed application means an application that has been accepted by the SSA for processing; and,

~~by when the applicant/recipient has gone to the SSA office to apply for an SSN but additional information or documentation is required by the SSA before his/her application will be accepted/ submitting verification of his/her attempt to apply before aid can be authorized/ he/she shall continue to cooperate by making every reasonable effort to obtain the required information or documentation and by submitting it to the SSA when received/ the applicant/recipient will have 30 days to submit evidence of a completed application for a SSN to the county/~~

(2b) furnishing the SSN to the county when received.

(c) See .221 below for a child(ren) who has been enumerated at birth through the Enumeration at Birth (EAB) Project.

.22 Verification of a completed SSN ~~the~~ application ~~xxx~~ ~~on~~ ~~xxx~~ on behalf of a newborn child(ren) to be added to the AU shall be ~~xxx~~ submitted to the county no later than the ~~xxx~~ last day of the month following the month in which the mother is released from the hospital.

.221 When a newborn child has been enumerated at birth, Form SSA 2853 is acceptable proof of application if it contains the name of the newborn, as well as the date and signature of an authorized hospital official.

(a) The SSN shall be furnished to the county within six months after receipt of the number or at redetermination, whichever occurs first.

=====

HANDBOOK BEGINS HERE

.222 (a) Example X: ~~XX XXX~~ Mother was discharged from the hospital on February 15, she has through March 31 to apply for an SSN for the newborn and submit verification of a completed application.

~~XXX~~ Example 2: ~~MOTHER gave birth to another child on January XX SHE was discharged from the hospital on January 7. SHE had not been receiving a special need and neither the pregnancy nor the birth were reported to the county until March 9. At which time she submitted proof that her child had been enumerated at birth. The county adds the child's needs to the grant on March 11 retroactive to March 9.~~

(2b) Example X: ~~X~~ ~~XXXXXXXXXXXXXXX~~ ~~XXXX~~ Mother gave birth ~~XX XXXXX~~ ~~XXXX~~ on May 8, but ~~is~~ was not released from the hospital until May 20. She reported the birth of the child on the May CA-7 requesting that the child be added to her grant. The time period to apply for an SSN for the child and submit verification of a completed application to the CWD begins on May 21 and ends on June 30. ~~XXD XX XXXXX XXXXXXXXX to MAY X XX XXXXXXXX of the XXXXXXXX is provided by June 10.~~

(2c) Example X: Same scenario as above, but the mother remained in the hospital until June 2 due to complications. She has through July 31 to apply for an SSN for the child and submit verification of a completed application. ~~When the county receives documentation of an application for an SSN, the child's needs are added to the grant effective MAY XX~~

(2d) NOTE: For further information, see "Beginning Date of Aid", Section 44-317.

HANDBOOK ENDS HERE

=====

.23 (Continued)

.234 As a condition of eligibility, each AFDC-FC applicant or recipient shall have an SSN.

.241 For children applying for or receiving AFDC-FC, where a parent(s), legal guardian, or relative, is not available or not cooperating, the placing agency representative, on behalf of the child shall obtain or make application for the SSN.

1231

(a) ~~For purposes of establishing AFDC-FC eligibility to satisfy the requirement specified in .24 above when the absence of identifying information prevents the placing agency representative from obtaining an SSN for an~~

abandoned child, the eligibility case file shall contain documentation of the attempt to apply for an SSN for the child, including the date the attempt was made, and the reason the attempt was unsuccessful.

- .275 As a condition of eligibility, applicants for and recipients of AFDC shall cooperate in resolving any discrepancies regarding SSNs, such as discrepancies arising from a cross-check of agency SSN files with those of the SSA. When there is a failure to cooperate, aid shall be denied or discontinued only for the member(s) of the ~~F3W~~ AU whose SSN(s) is in question.

40/107/77

- .251 Once a recipient has been discontinued for not cooperating, aid may not be granted until the recipient has demonstrated that he/she is cooperating.

Authority cited: Sections 10553, 10554, 10604, and 11209, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 10604, 11209, 11266, 11268, and 11486, Welfare and Institutions Code; 45 CFR 205.42(d)(2)(v)(A) and (B), as printed in Federal Register, Vol. 57, No. 198, Tuesday, October 13, 1992, page 46808; 45 CFR 205.52(a)(1) and (2); 45 CFR 233.10(a)(1)(iv) and 235.112(b); 7 CFR 273.16(b); and 42 U.S.C. 616(b).

Amend Section 40-107.7 to read:

40-107 COUNTY RESPONSIBILITY (Continued)

40-107

.71 Social Security Number (Continued)

.715 The county shall deny the application for assistance for any individual who refuses or fails to provide either an SSN or ~~existence~~ verification that ~~an~~ an application for an SSN was completed within 30 days after the date of application for assistance. (See Section 82-832.24.)

(a) If the individual is the only eligible child, and the caretaker relative refuses or fails to provide either an SSN or verification that an application for an SSN was completed within 30 days after the date of the application for assistance, the entire AU is ineligible. (See Section 82-820.2).

(b) The county shall discontinue aid for any member of the AU who refuses or fails to furnish the SSN as required in 40-105.212(b) and/or (c).

40-105.212.2Y

.716 The county shall inform the applicant/recipient of his/her responsibilities under this section. If the county receives verification of application directly from the SSA, the requirements in Section 40-105.212(1a) ~~are~~ is met. If the county receives the SSN directly from the SSA or from another federal or federally assisted program, the requirement in Section 40-105.212(2b) is met.

40-105.22

.717 Counties shall document in the case record the fact that the applicant/recipient submitted a completed application ~~XXXXX~~ for ~~or attempted to apply for~~ an SSN and the method of verification.

.718 The county shall obtain the SSN of a child who has been enumerated at birth within six months or at redetermination, whichever occurs earlier.

40+105/24

.72

Aid shall not be denied, delayed, or discontinued pending the issuance or verification of such number or numbers if the applicant/recipient has furnished his/her SSN or has submitted the necessary verification ~~and is cooperating to cooperate in securing such number~~ as required in Section 40-105.21 ~~above~~. Immediate need cases are subject to the provisions of Section 40-129.214.

.723 All SSNs shall be verified by SSA through IEVS in accordance with Section 20-006.

.7231 The county shall deny the application or discontinue assistance for any individual who fails to cooperate in resolving a discrepancy between the furnished SSN and SSA files in accordance with the requirement of Section 40-105.275. ~~If the individual whose SSN is in question has provided an SSA card or other acceptable evidence of the number or has complied with the requirements of Section 40+105/212/ he or she shall be considered to be cooperating.~~

173 All cases in which an SSN or an application to SSA for a new or duplicate SSN card has not been provided shall be reviewed at least every 90 days to ensure that the recipient is cooperating as specified in Section 40+105/212/ The review period shall commence with the date of application for AFDC/ The date of each review shall be documented in the case file/

.74 In AFDC-FC, when there is no identifying information as specified in Section 40-105.2341(a), the case file shall be reviewed at redetermination to determine whether any change occurred that would enable the Social Security Administration to issue an SSN. The eligibility worker shall document the date the review was completed and any changes that have occurred. If new information is available, the parent(s), legal guardian, or relative, (if now available and cooperating) or the placing agency representative shall forward the application for an SSN to the Social Security Administration.

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 10613, 11209, 11268, 11324.8(a) and (f)(1), AB 312, Chapter 1568, Statutes of 1990, 11500(b), 11502(b), and 11511(a), Welfare and Institutions Code; 42 USC Sections 682(c)(2), (3), (4) and (5); 45 CFR 205.42(d)(2)(v)(A) and (B) as printed in Federal Register, Vol 57, No. 198, Tuesday, October 13, 1992, page 46808; 45 CFR 205.52(a)(1) and (2); 45 CFR 205.55; 45 CFR 250.20; 45 CFR 250.40(a), (b), (c)(1) and (2); 45 CFR 255.1; and 45 CFR 256.1(b), and California Department of Health Services Manual Letter 77-1.

Amend Section 44-317.112 to read:

44-317 BEGINNING DATE OF AID FOR NEW APPLICATIONS

44-317

.1 Basic Date of Aid Determination (Continued)

- .112 "The date on which the applicant meets all eligibility conditions" means the date all linking and nonlinking factors of eligibility are met (see Section 40-107.3), even though verification or documentation of the eligibility condition is received at a later date. Technical conditions of eligibility, ~~XXXXX XXX XXXXX XXXXX XXXXXXXXX~~ as specified in MPP 40-129.214, met at a later date are considered to be met on the date of application as long as they are completed by the date of authorization except for social security enumeration. Social security enumeration requirements must be met within 30 days of the application for assistance if aid is to begin on the date of application. (For social security enumeration requirements, see Section 40-105.2X.)

=====

HANDBOOK BEGINS HERE

(a) and (b) (Continued)

- (c) Example: A family applies for AFDC on November 10. All family members meet the eligibility requirements except for the youngest child who does not have an SSN. On November 20, the CWD authorizes aid for everyone but the one child because verification of a completed application for an SSN had not been received. On December 10, the CWD received a copy of the MC 194 which indicated that an application for an SSN was completed on November 15 and is being processed. The county rescinds the denial for the child and authorizes aid effective November 10.

HANDBOOK ENDS HERE

=====

- .113 The beginning date of aid for each member of the AU may vary.

=====

HANDBOOK BEGINS HERE

(a) (Continued)

(b) Example: Same scenario as 44-317.112(c). However, on December 20, the county receives a copy of the MC 194 which indicates that an application for an SSN was completed on December 12 and is being processed. The county authorizes aid for the youngest child beginning December 12.

(c) Example: Mother gave birth on January 4. She was discharged from the hospital on January 7. She had not been receiving a pregnancy special need; nor did she report the birth to the county until March 9, at which time she submitted verification that her child had been enumerated at birth. The beginning date of aid for the child is March 9.

HANDBOOK ENDS HERE

=====

Authority cited: Sections 10553, 10554, 10604, and 11209, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 10604, and 11056, Welfare and Institutions Code; 45 CFR 205.42(d)(2)(A), as printed in Federal Register, Vol. 57, No. 198, Tuesday, October 13, 1992, page 46808; 45 CFR 206.10; 45 CFR 233.10(a)(1); 45 CFR 233.20(a)(1)(ii); 45 CFR 233.60; 45 CFR 233.90(c)(2)(i); and Section 3510 (October 1961), Federal Handbook of Public Assistance Administration.

Amend Section 45-201.15 to read:

45-201 GENERAL AFDC-FC REQUIREMENTS

45-201

.1 The child shall meet: (Continued)

.15 The social security enumeration requirements in Section 40-105.24; and

.16 (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11008.15 and 11155.5, Welfare and Institutions Code.

Amend Section 82-832.24 to read:

82-832 EXCLUDED PERSONS (Continued)

.2 Sanctioned Persons (Continued)

.24 Social Security
Number

82-832

An applicant or recipient; or a child whose
parent, caretaker relative, or legal guardian
who:

.241

Refuses or fails to furnish an SSN or evidence
of a completed application apply for an SSN
~~XXXXXX XXXXXX XXXXX~~

.242

Refuses or fails to cooperate in securing or
verifying an SSN ~~XXXXXX XXXXXX XXXXX~~

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference:

45 CFR 205.42(d)(2)(v)(A) and (B), as printed in Federal
Register, Vol. 57, No. 198, Tuesday, October 13, 1992, page
46808, 45 CFR 205.52, 45 CFR 206.10(a)(5)(i), 45 CFR 232.12(d),
45 CFR 233.10(a)(1)(i), (a)(1)(i)(B), and (a)(3), 45 CFR
233.20(a)(1)(i), (a)(3)(ii)(C) and (F), and (a)(3)(ix), 45 CFR
233.50, 45 CFR 233.51, 45 CFR 233.90(c), (c)(1), and (c)(2)(iv),
45 CFR 233.100(a)(5)(ii), 45 CFR 233.106, and 45 CFR 250.34(a)
and (c), and (c)(2); and Sections 11008.13, 11104, 11157,
11201(b), 11203, 11263.5, 11268, 11270, 11315, 11320.6(e),
11450, 11477, and 11486, Welfare and Institutions Code.

ATTACHMENT II

AFDC NOTICE OF ACTION MESSAGES

Noa Msg Doc No.: Page 2 of
Original Date :
Revision Date :

INSTRUCTIONS: Use this notice of action when the recipient has failed to provide a SSN or the SSN given cannot be verified. In the first blank space fill in the date cash aid will be discontinued. In the second blank space fill in the name of the person who will be discontinued. In the third and fourth blank spaces fill in the previous amount of cash aid and the new amount of cash aid. Check the appropriate box. If the first check box is marked fill in the date the recipient was asked to provide a SSN and the final date by which they must provide an SSN.

file : lshaw l.m.docs/SSN1 95.07.18

INSTRUCTIONS: Use this notice of action to approve cash aid for some members of the assistance unit (AU) and to deny cash aid for some members who have not provided an SSN. In the first blank space fill in the date cash aid was approved for some members of the AU. In the second blank space fill in the amount of cash aid for the current month. In the third blank space fill in the date of the application for cash aid. In the fourth blank space complete the name of the person who has been denied cash aid.

.....lshaw. l.m.docs/SSN2 95.07.18

El condado ha negado su petición con fecha de _____ para recibir asistencia monetaria para _____.

La razón es la siguiente:

Las reglas dicen que usted nos tiene que dar el Número del Seguro Social (SSN) de cada miembro de su familia. Usted no nos dio el SSN de su hijo(a) ni pruebas de que una solicitud se completó en un plazo de 30 días a partir de la fecha en que usted solicitó asistencia monetaria.

Con fecha efectiva de _____ el condado ha aprobado la asistencia monetaria y el Medi-Cal de algunos miembros de su familia. El pago de asistencia monetaria de este mes es de _____.

Ordenamientos. Las siguientes reglas, las cuales puede revisar en su oficina de bienestar, son pertinentes: MPP 40-105.2, 40-107.71, 40-157.3, 40-171.221(j), 40-181.4, 44-317, 45-201, 82-832

Con fecha efectiva de _____ el condado suspenderá la asistencia monetaria de _____.

La razón es la siguiente:

/—/ En _____ se le pidió que proporcionara el Número del Seguro Social (SSN) a más tardar en _____. Las reglas dicen que usted tiene que darnos el Número del Seguro Social (SSN) de cada miembro de su familia. No nos ha dado el SSN de esta persona.

/—/ En el hospital se hizo una solicitud para obtener un SSN para su bebé recién nacido. Las reglas dicen que usted tiene que darnos el SSN de él/ella en un plazo de seis meses a partir de la fecha de su nacimiento O para la fecha de la revisión anual de AFDC. No nos ha dado el SSN de su hijo(a).

/—/ No se puede verificar el SSN que nos dio para esta persona.

Ordenamientos. Las siguientes reglas, las cuales puede revisar en su oficina de bienestar, son pertinentes: MPP 40-105.2, 40-107.71, 40-157.3, 40-171.221(j), 40-181.4, 44-317, 45-201, 82-832